

First 5 California Children and Families Commission

Annual Progress Report

For Contracts and Interagency Agreements

(Period Covered: July 1 of prior year to June 30 of this year. Report Due each year on September 30)

Please use this format to summarize your progress-to-date and provide updates on the specific scope of work objectives and activities (the sample form is attached). Please add more space, if necessary.

Project Title: _____		Contract Number: _____	
Reporting Period: _____			
If your contract ends during this reporting period, please check this box <input type="checkbox"/> <u>and</u> do not respond to questions #5 and #6.			
Total Contract Amount: \$ _____		Total Expenditures*: \$ _____	
		* Includes all invoices: <input type="checkbox"/>	
Balance (if any): \$ _____			

* If the amount includes all the invoicing done to-date, please check the box.

1. **Results and Strategies:** Please check the result area(s) addressed by this project. For each area, use Appendix 1, to list strategies used by this project.

Improved Child Development <input type="checkbox"/>	Improved Child Health <input type="checkbox"/>	Improved Family Functioning <input type="checkbox"/>	Improved Systems <input type="checkbox"/>
Strategy Codes	Strategy Codes	Strategy Codes	Strategy Codes

2. **School Readiness:** Please check all the Elements of School Readiness addressed in this project. Please check all those that apply.

Element 1: Early Care & education services with Kindergarten Transition programs.	<input type="checkbox"/>
Element 2: Parenting/Family Support Services	<input type="checkbox"/>
Element 3: Health and social services.	<input type="checkbox"/>
Element 4: Schools' capacity to prepare children and Families for school success.	<input type="checkbox"/>
Element 5: Program infrastructure.	<input type="checkbox"/>

(DUE: September 30th of each year.)

3. **Highlights and Successes:** Describe two or three of the project and/or the evaluation's most notable accomplishments this quarter, with special consideration given to information that could be included in a briefing to the State Commissioners, newsletter article, etc.

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4. **Implementation Challenges:** Briefly describe any major occurrences that may have impeded the progress of the project and/or evaluation during the quarter. Identify action steps taken to resolve areas any challenges. If this has not been resolved, provide status of the challenge and indicate if you need CCFC assistance to resolve this.

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5. **Staffing change:** Identify any changes (or pending changes) of key project staff (please provide resumes or CVs for new staff joining your project team).

6. **Target Population:** Please respond to the following questions regarding the target population:

a) Who is the target population? CHILDREN PARENTS PROVIDERS

b) What is the size of the population receiving services under this project?

c) If the population you are serving is different than the sample size used for the evaluation, please enter your sample size here:

7. **Work Plan Activities:** Summarize the progress of the project and the evaluation in terms of the Work Plan activities performed to date. Please use page labeled, Work Plan Annual Update.

Please use additional space/pages, if necessary.

(DUE: September 30th of each year.)

WORKPLAN ANNUAL UPDATE
STATEWIDE INITIATIVE (IA CCFC #xxxx)
Reporting Period _____

Objectives	Implementation Activities	Deliverables/Dates	Progress to -date
<i>(info directly from Contract)</i>	<i>(info directly from Contract)</i>	<i>(info directly from Contract)</i>	<i>Contractor provides progress on this/these items.</i>

Please use additional space/pages, if necessary.